

**Nonresident Public Insurance Adjuster or Interim License  
Stipulation and Agreement as Required by Law**

Form 103A (Rev. 10/2000)

**Producer Licensing Bureau**

P.O. Box 1139

Sacramento, CA 95812-1139

**Information (800) 967-9331****Or (916) 322-3555****STIPULATION AND AGREEMENT AS REQUIRED BY LAW*****Know All Men by These Presents:***

That pursuant to the requirements of Division 5, Chapter 2, of the Insurance Code of California,  
I (or we),

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Name of Applicant

in consideration of the issue to me (or us) of a license to act as a Public Insurance Adjuster  
or Interim Licensee of a Public Insurance Adjuster, in the State of California, do stipulate and  
agree:

(a) That in any action or special proceeding brought against me (or us) in the State of  
California for or on account of any act or transaction lawfully permitted to be done or performed  
by me (or us) solely by reason of the existence of such license, any document or process may be  
served on the commissioner with the same effect as though served upon me (or us) and such service  
will give jurisdiction over me (or us) to the same extent as if I (or we) were a resident of the  
State of California.

(b) That any action or special proceeding brought by me (or us) against the Insurance  
Commissioner of the State of California will be brought in the City and County of San Francisco  
or in the County of Los Angeles.

(c) That I (or we) will appear at the office of the Insurance Commissioner in the City of San  
Francisco or in the City of Los Angeles at any time, pursuant to notice of hearing, order to show  
cause, or subpoena issued by the commissioner, if such document is deposited in the United States  
mail, certified and postage prepaid, in a cover addressed to me (or us) at the last address filed  
by me (or us) with the commissioner, such deposit in mail being 31 or more days before the date  
specified in such document for such appearance, and that in the event of failure to appear I (or  
we) hereby consent to any subsequent suspension, revocation, refusal to renew, or denial of such  
license by the commissioner.

I certify (or declare) under penalty of perjury that I have read the foregoing stipulation and  
agreement and know the contents thereof and that each statement therein made is full, true and  
correct. I understand that pursuant to Sections 1668(h) and 15039(a) of the Insurance Code any  
false statement will subject my (or our) license(s) to suspension or revocation.

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Signature

Executed the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_  
City or Town

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State

\*Signature of individual applicant, or if applicant is  
an organization, signature of a general partner or  
corporate officer.

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